

# PCT

## REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

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International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference  
(if desired) (12 characters maximum) 54355PCT JOM:MM

<b>Box No. I TITLE OF INVENTION</b> <b>SANITARY NAPKIN DISPOSAL ASSEMBLY</b>	
<b>Box No. II APPLICANT</b> <input checked="" type="checkbox"/> This person is also inventor	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) <b>HAUTOP, JULIE</b> <b>9 Perin Avenue</b> <b>Woodcroft</b> <b>South Australia 5162</b> <b>Australia</b>	
Telephone No. <b>08 8387 1571</b>	
Facsimile No.	
Teleprinter No.	
Applicant's registration No. with the Office	
State (that is, country) of nationality: <b>AUSTRALIA</b>	
State (that is, country) of residence: <b>AUSTRALIA</b>	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<b>Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)</b>	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	
This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)	
Applicant's registration No. with the Office	
State (that is, country) of nationality:	
State (that is, country) of residence:	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
<b>Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE</b>	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) <b>COLLISON &amp; CO</b> <b>117 King William Street</b> <b>Adelaide,</b> <b>South Australia 5000</b> <b>Australia</b>	
Telephone No. <b>08 8212 3133</b>	
Facsimile No. <b>08 8231 1273</b>	
Teleprinter No.	
Agent's registration No. with the Office	
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

**See Notes to the request form**

Box No. IX CHECK LIST; LANGUAGE OF FILING																																																																								
<p><b>This international application contains:</b></p> <p>(a) in paper form, the following number of sheets:</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">request (including declaration sheets)</td><td style="width: 20%; text-align: right;">3</td></tr> <tr><td>description (excluding sequence listing and/or tables related thereto)</td><td style="text-align: right;">13</td></tr> <tr><td>claims</td><td style="text-align: right;">4</td></tr> <tr><td>abstract</td><td style="text-align: right;">1</td></tr> <tr><td>drawings</td><td style="text-align: right;">16</td></tr> <tr><td><b>Sub-total number of sheets</b></td><td style="text-align: right; border-top: 1px solid black;"><b>37</b></td></tr> <tr><td>sequence listing</td><td></td></tr> <tr><td>tables related thereto</td><td></td></tr> <tr><td colspan="2"><i>(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)</i></td></tr> <tr><td><b>Total number of sheets</b></td><td style="text-align: right; border-top: 1px solid black;"><b>37</b></td></tr> </table> <p>(b) <input type="checkbox"/> only in computer readable form (Section 801(a)(i))</p> <p style="margin-left: 20px;">(i) <input type="checkbox"/> sequence listing</p> <p style="margin-left: 20px;">(ii) <input type="checkbox"/> tables related thereto</p> <p>(c) <input type="checkbox"/> also in computer readable form (Section 801(a)(ii))</p> <p style="margin-left: 20px;">(i) <input type="checkbox"/> sequence listing</p> <p style="margin-left: 20px;">(ii) <input type="checkbox"/> tables related thereto</p> <p>Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the</p> <p><input type="checkbox"/> sequence listing: .....</p> <p><input type="checkbox"/> tables related thereto: .....</p> <p><i>(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)</i></p>	request (including declaration sheets)	3	description (excluding sequence listing and/or tables related thereto)	13	claims	4	abstract	1	drawings	16	<b>Sub-total number of sheets</b>	<b>37</b>	sequence listing		tables related thereto		<i>(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)</i>		<b>Total number of sheets</b>	<b>37</b>	<p><b>This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;">1. <input checked="" type="checkbox"/></td><td style="width: 85%;">fee calculation sheet</td><td style="width: 10%; text-align: right;">:</td></tr> <tr><td>2. <input type="checkbox"/></td><td>original separate power of attorney</td><td style="text-align: right;">:</td></tr> <tr><td>3. <input type="checkbox"/></td><td>original general power of attorney</td><td style="text-align: right;">:</td></tr> <tr><td>4. <input type="checkbox"/></td><td>copy of general power of attorney; reference number, if any: .....</td><td style="text-align: right;">:</td></tr> <tr><td>5. <input type="checkbox"/></td><td>statement explaining lack of signature</td><td style="text-align: right;">:</td></tr> <tr><td>6. <input type="checkbox"/></td><td>priority document(s) identified in Box No. VI as item(s): .....</td><td style="text-align: right;">:</td></tr> <tr><td>7. <input type="checkbox"/></td><td>translation of international application into (language): .....</td><td style="text-align: right;">:</td></tr> <tr><td>8. <input type="checkbox"/></td><td>separate indications concerning deposited microorganism or other biological material</td><td style="text-align: right;">:</td></tr> <tr><td>9. <input type="checkbox"/></td><td>sequence listing in computer readable form (indicate type and number of carriers)</td><td style="text-align: right;">:</td></tr> <tr><td style="padding-left: 10px;">(i) <input type="checkbox"/></td><td>copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)</td><td style="text-align: right;">:</td></tr> <tr><td style="padding-left: 10px;">(ii) <input type="checkbox"/></td><td>(only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter</td><td style="text-align: right;">:</td></tr> <tr><td style="padding-left: 10px;">(iii) <input type="checkbox"/></td><td>together with relevant statement as to the identity of the copy or copies with the sequence listing mentioned in left column</td><td style="text-align: right;">:</td></tr> <tr><td>10. <input type="checkbox"/></td><td>tables in computer readable form related to sequence listing (indicate type and number of carriers)</td><td style="text-align: right;">:</td></tr> <tr><td style="padding-left: 10px;">(i) <input type="checkbox"/></td><td>copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application)</td><td style="text-align: right;">:</td></tr> <tr><td style="padding-left: 10px;">(ii) <input type="checkbox"/></td><td>(only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater)</td><td style="text-align: right;">:</td></tr> <tr><td style="padding-left: 10px;">(iii) <input type="checkbox"/></td><td>together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column</td><td style="text-align: right;">:</td></tr> <tr><td>11. <input type="checkbox"/></td><td>other (specify): .....</td><td style="text-align: right;">:</td></tr> </table>	1. <input checked="" type="checkbox"/>	fee calculation sheet	:	2. <input type="checkbox"/>	original separate power of attorney	:	3. <input type="checkbox"/>	original general power of attorney	:	4. <input type="checkbox"/>	copy of general power of attorney; 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Figure of the drawings which should accompany the abstract: <b>Fig. 4</b>	Language of filing of the international application: <b>ENGLISH</b>																																																																							
<b>Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE</b> <i>Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).</i>																																																																								
<div style="font-family: cursive; font-size: 1.2em; margin-bottom: 5px;">John O'Mahoney</div> <div style="margin-bottom: 5px;">JOHN O'MAHONEY</div> <div style="margin-bottom: 5px;">Attorney for the Applicant</div> <div>JULIE HAUTOP</div>																																																																								

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3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):	
5. International Searching Authority (if two or more are competent): <b>ISA /</b>	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid

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